AMENDMENTS TO THE SPECIFICATION

Please insert the following section heading and paragraph at page 1, line 6:

--GOVERNMENT SUPPORT

This invention was made with Government support under HL058617 awarded by the National Institutes of Health. The Government has certain rights in the invention.--

Please replace the paragraph beginning at page 1, line 15, with the following rewritten paragraph:

--Systemic administration of drugs treats the organism as a whole, whereas the therapeutic target of interest may be more limited to a specific region of pathology within the organism. Endothelial damage following balloon angioplasty and the pathophysiologic sequelae leading to restenosis or thrombosis are examples of spatially localized vascular phenomena leading to clinically significant events. Localized treatment strategies designed to attenuate the cascade of events such as PLT platelet activation leading to intimal hyperplasia would be of tremendous value, reducing the rate of restenosis following percutaneous tansluminal transluminal coronary angioplasty ("PTCA").—

Please replace the paragraph beginning at page 2, line 3, with the following rewritten paragraph:

--Blood vessels are similarly damaged during vascular surgery. Acute thrombotic occlusion at vascular anastomoses is a major complication of microvascular graft placement. Platelets respond to agonists and adhere to collagen and other adhesive proteins present at the anastomotic site resulting in platelet activation and further aggregation. Delivery of anti-thrombotic drugs, for example, to this area would significantly aid the healing process. In addition to drug delivery, modification of the anastomotic site that results in a temporary non-thrombogenic coating would afford the anastomosis time to heal and eventually reendothelialize re-endothelialize. Furthermore, temporary site-specific masking of thrombogenic proteins may greatly reduce acute thrombosis and distal tissue ischemia without the use of systemic antiplatelet agents.--